

Occupational Exposures of Reproductive or Developmental Concern - Worker's Statement

After your supervisor has completed the NAVMED 6260/8, please complete this form and have it with you when you see the health care professional who will help with your evaluation. PLEASE PRINT.

Worker's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last	First	M.I.								
Rank/Rate/Job Code	<input type="text"/>			Today's Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					Day	Month	Year				
Age	<input type="text"/>	Sex	<input type="text"/>	Phone (work)	<input type="text"/>			Phone (home)	<input type="text"/>		

Females only

Are you pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Number of previous pregnancies	<input type="text"/>	How many were:	Live births	<input type="text"/>
Date last menstrual period began	<input type="text"/>	<input type="text"/>	<input type="text"/>		Stillbirths	<input type="text"/>
	Day	Month	Year		Miscarriages	<input type="text"/>
					Abortions	<input type="text"/>

Males only

How many children have you fathered (ever)?

All workers

How many years have you had your current job?

What did you do at your previous job?

What does your spouse or mate do at work?

Have you ever gotten sick or injured because of your job?

☐ No ☐ Yes

Have any of your children had birth defects?

☐ No ☐ Yes

Do you have any illnesses you see the doctor for regularly?

☐ No ☐ Yes

Do you take medications regularly?

☐ No ☐ Yes

Do you use any other drugs, including tobacco?

☐ No ☐ Yes

How much alcohol do you usually drink per week?

☐ <6 drinks ☐ 6 to 14 ☐ 15 to 21 ☐ 22 or more

Reason for consultation

What reproductive or developmental hazards are you most concerned about?

In your activities at home, recreation, hobbies, second job, etc., are you exposed to any of the following? (Check all that apply)

Chemical Agents

☐ Inorganic chemicals

☐ Organic solvents and fuels

☐ Metals - lead, cadmium, etc.

☐ Pesticides

☐ Pharmaceuticals/drugs

☐ Other hazards (specify) _____

Physical Agents

☐ Ionizing radiation

☐ Microwave and other RF radiation

☐ "Noise" (Intense sound)

☐ Thermal stress (heat or cold)

☐ Vibration

Biological Agents

☐ Bacteria ☐ Animal danders

☐ Fungi ☐ Endotoxins

☐ Viruses ☐ Enzymes and other proteins

Physical Conditions

☐ Irregular or shift

☐ Strenuous work

☐ None of the above

Worker's Signature